

002nd District

03 Sep 11

To: Commander 002nd District

From: Sgt. John Clifford #855

Subject: Initiation Report Log #1048231

Date/Time: 03 Sep 11, Approx. 0100 hrs.

Location: 001 District Station

Allegation: The complainant alleges that while she was being processed as an arrestee she was choked by the arresting officer.

Accused: P.O. Maurice BURKS JR. #4339, Unit 145

Complainant: Elizabeth [REDACTED] F/WH/ DOB: [REDACTED]

Phone: [REDACTED]

Notifications: 002 Dist. Capt. DeLaTorre #67
IPRA Intake Aid Wolfe emp. [REDACTED]

History: The complainant alleges that while in custody and being processed in the 001 dist. she was choked by P.O. BURKS on two occasions while she was handcuffed. R/Sgt did notice scratch marks on the complainant's neck.

John A. Clifford #855
Sgt. John Clifford #855

Approved:

[Signature] #67

LOG # 1048231

Attachment # 4



INDEPENDENT POLICE REVIEW AUTHORITY
NOTICE

Investigator's Name: <u>Richard Delaney</u>	Log Number: <u>1048231</u>	Date: <u>9/3/11</u>
Statement of <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mrs. <div style="background-color: black; width: 400px; height: 30px; margin-top: 5px;"></div>		

My name is Richard Delaney, and I am an investigator with the City of Chicago's Independent Police Review Authority (IPRA). IPRA is **not** a part of the Chicago Police Department and I am not a police officer. My job is to investigate police conduct, and I would like to speak with you to investigate the conduct of the police in this incident. IPRA may release your statement, for instance with a court order, subpoena, to pursue disciplinary action against a police officer proven to have committed misconduct, or for other reasons. If you have a lawyer, you are free to speak with that lawyer before giving me a statement.

I, , hereby state that I have read the notice and understanding this notice, I voluntarily choose to give a statement to IPRA.

Refused

Signature of Interviewee

Date and Time

Richard Delaney

Signature of Investigator

9/3/11 - 1815

Date and Time

WISH TO SPEAK TO MY ATTORNEY

Christ B - W

09/03/11 6:15pm

LOG # 1048231

Attachment # 5

INDEPENDENT POLICE REVIEW AUTHORITY

03 SEP 11
Log #1048231

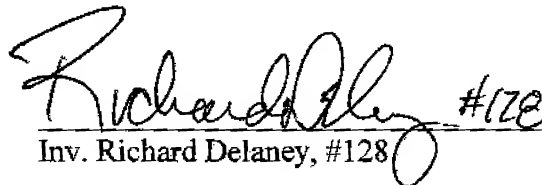
To: Ilana Rosenzweig
Chief Administrator – IPRA

From: Investigator Richard Delaney, #128


Subject: Information

On 03 SEP 11, at approximately 1810 hours, the R/I responded to [REDACTED] in order to interview the Complainant, [REDACTED]. Upon arrival, the R/I spoke with [REDACTED] who declined to give an interview until she had first spoke with her attorney. She indicated that she had not been photographed by an evidence technician

Prior to leaving, the R/I observed a small area of redness on [REDACTED] left chin/neck area, and redness around both wrists. The R/I spoke with hospital staff who indicated that [REDACTED] was in good condition, had sustained a small scratch to her mid, left neck area, and would be momentarily discharged from the hospital.

 #128
Inv. Richard Delaney, #128

APPROVED:



Supervisor, IPRA

LOG # 1048231

Attachment # 6

CHICAGO POLICE DEPARTMENT

FINAL APPROVAL

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

CB #

IR #

YD #

RD #

EVENT #

ARREST REPORTING

OFFENDER	Name		Female
	Res:		Black Hispanic
		Beat: 2124	5' 06"
	Unknown		140 lbs
	DOB:		Brown Eyes
	AGE:		Black Hair
	POB:		Long Hair Style
	DLN:		Medium Complexion
ARMED WITH Unarmed			

INCIDENT	Arrest Date: 03 September 2011 00:42	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
	Location:	Beat:		DCFS Ward ? No	
	238 - Highway/Expressway		Dependent Children? No		
	Holding Facility: Central Female Lockup				
Resisted Arrest? Yes					

CHARGES	1	Offense As Cited	625 ILCS 5.0/11-501-A-2	Victim
			DRVG UNDER INFLU OF ALCOHOL	
	2	Offense As Cited	625 ILCS 5.0/11-601-B	
			IVC - DRIVING 15-20 MPH ABOVE SPEED LIMIT	
3	Offense As Cited	625 ILCS 5.0/3-708		
			OPERATE MTR VEHICLE/REGIS/SUSPENDED/NON-INSURED	
4	Offense As Cited	720 ILCS 5.0/12-3-A-2		
			BATTERY - MAKE PHYSICAL CONTACT	
			Class A - Type M	

RECOVERED NARCOTICS	NO NARCOTICS RECOVERED
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LOG # 1048231

Attachment # 7

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

ARRESTEE
VEHICLE

Vehicle: VEHICLE IMPOUNDED: Yes

2010 Unknown [REDACTED]

Unknown [REDACTED]

Be Tk

VIN# [REDACTED]

Lic# [REDACTED]

Color: White (Top) / White (Bottom)

Inv#:

Pound#:

Disposition:

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYST

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] INVESTIGATIVE ALERT CLEAR. NOT ON T.R.A.P. OR G.I.P.P. LIST. SUBJECT HAS NO U.S.C. ON HER PERSON. ABOVE SUBJECT WAS STOPPED FOR DRIVING 64MPH IN A 45MPH SPEED ZONE. SUBJECT HAS A STRONG ODOR OF A ALCOHOLIC BEVERAGE ON HER BREATH, BLOOD SHOT GLASSY EYES, SLURRED SPEECH AND DIRTY CLOTHING. SUBJECT ADMITTED TO DRINKING TWO ALCOHOLIC BEVERAGES WHILE AT HER SISTER WEDDING. SUBJECT FAILED ALL STANDARDIZED FIELD SOBRIETY TESTS. SUBJECT WAS ARRESTED AND TRANSPORTED INTO THE 001ST. DISTRICT FOR PROCESSING MARANDA WARNINGS GIVEN. SUBJECT BECAME IRATE DURING TRANSPORT BY YELLING INSULTS AND PROFANITY AND PULLED UP HER DRESS AND THREATEN TO URINATE IN THE POLICE CAR. SUBJECT BECAME COMBATIVE WHEN P.O. BURKS TRY TO HANDCUFF HER TO THE WALL. SUBJECT STRUCK P.O. BURKS IN THE HEAD WITH HER HAND. P.O. BURKS GRABBED SUBJECT BY THE SHOULDER AND THE BACK OF THE NECK TO CONTROL SUBJECT AND PLACED HER IN HANDCUFFS. SUBJECT BEGAN CALLING HERSELF A BITCH, PROSTITUTE, AND CALLED P.O. BURKS THE N-WORD (NEGA) TWENTY THREE TIMES. SUBJECT REFUSED BREATH AND ALTERNATIVE TESTS. INVENTORY [REDACTED] SEARCH BY SHELL-23170 CENTRAL LOOKUP. THE PASSENGERS IN THE VEHICLE WAS HER HUSBAND AND TWO DAUGHTERS 13YRS AND 3YRS OF AGE. HUSBAND WAS INTOXICATED ALSO. NOTIFICATION: VIOLENT CRIMES SGT. STUART STAR#2144 BEAT# [REDACTED]

ARREST REPORTING

COURT INFO	BOND INFO
Desired Court Date: 05 October 2011	Bond Date: 03 September 2011 8:47
Branch: TRFCT 50 W WASHINGTON - Room	Type: 10% Of Bond Paid
Court Sgt Handle? No	Receipt #: [REDACTED]
Initial Court Date: 05 October 2011	Amount: \$3,000.00
Branch: TRFCT 50 W WASHINGTON - Room	
Docket #:	

REPORTING PERSONNEL	ATTESTING OFFICER:
	I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.
	Attesting Officer: #4339 BURKS JR, M [REDACTED] 03 SEP 2011 05:51
	ARRESTING OFFICER(S):
	1st Arresting Officer: #4339 BURKS JR, M [REDACTED] Beat [REDACTED]
	APPROVING SUPERVISOR:
	Approval of Probable Cause : #428 GUERRERO, R J [REDACTED] 03 SEP 2011 06:42

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

Holding Facility: Central Female Lockup
Received in Lockup: 03 September 2011 06:20
Prints Taken: 03 September 2011 06:55
Palprints Taken: Yes
Photograph Taken: 03 September 2011 06:54
Released from Lockup: 03 September 2011 08:57

Time Last Fed: 03 September 2011 06:20
Time Called: 03 September 2011 06:49 Phone#: 17735578999
Cell #: 74 - Placed in one person cell
Transport Details : 1PO 3202R 03-SEP-2011 01:13

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury?	No
Is there obvious signs of infection?	No
Under the influence of alcohol/drugs?	Yes
Signs of alcohol/drug withdrawal?	No
Appears to be despondent?	No
Appears to be irrational?	No
Carrying medication?	No

ARRESTEE QUESTIONNAIRE

Presently taking medication?	No
(if female)are you pregnant?	No
First time ever been arrested?	Yes
Attempted suicide/serious harm?	No
Serious medical or mental problems?	No
Are you receiving treatment?	No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Ring On Lft Ring Finger Cant Remove. Odor Of Alcohol. Bruising Under Chin & Both Wrist.

LOCKUP KEEPER COMMENTS:

03 SEP 2011 07:10 BRIDGES, Delois M [REDACTED] No Sandwich Wanted. Call Made 1773-557-8999 & 0700 Hrs. Again.

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

Searched By: MC CARTY, K L [REDACTED]
Lockup Keeper: #16841 SPANN, M R [REDACTED]
Fingerprinted By: MC CARTY, K L [REDACTED]

Beat

APPROVAL PERSONNEL:

Final Approval of Charges : #428 GUERRERO, R J [REDACTED] 03 SEP 2011 08:24

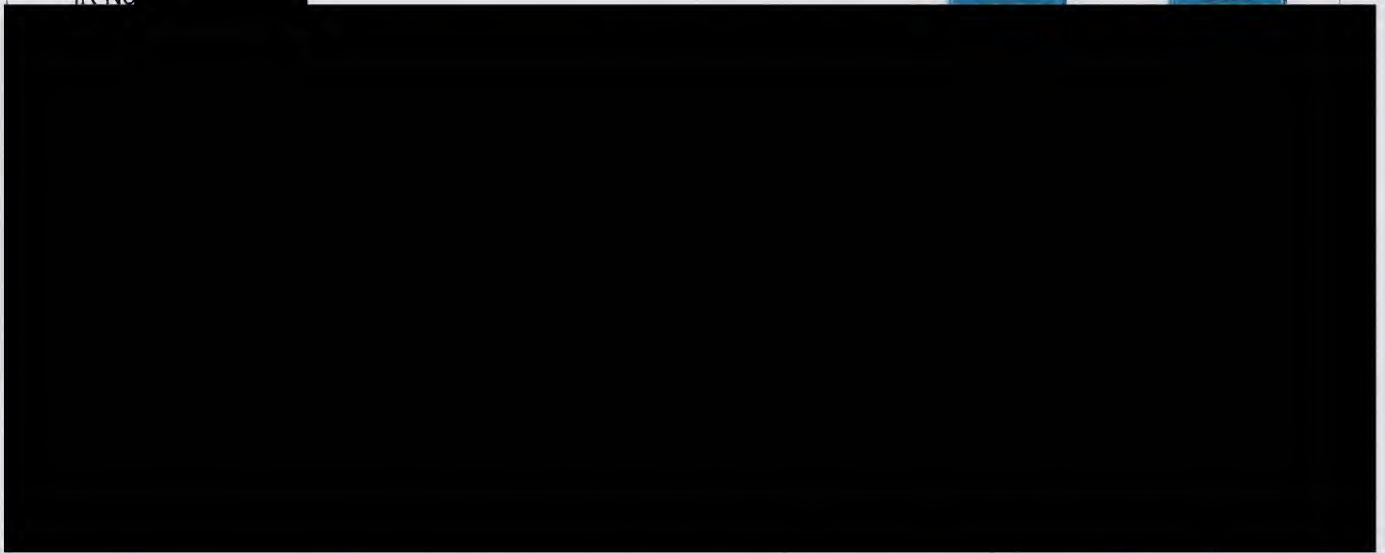
Beat

Name: [REDACTED]

IR No [REDACTED]

DOB

DOB



LOG # 1048231

Attachment # 8

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 03-SEP-2011		TIME 01:22:00		2. ADDRESS OF OCCURRENCE 1716 S STATE ST CHICAGO, IL 60616		3. LOCATION CODE 280		4. BEAT/OCCUR [REDACTED]												
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME BURKS JR		7. FIRST NAME MAURICE		8. STAR NO. 4339		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE 1963		12. HT. 605		13. WT. 210			
	14. DATE OF APPT. 02-MAY-1994		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT [REDACTED]		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE WBH		25. D.O.B. 1982		26. HT. 506		27. WT. 140					
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36. CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 625 ILCS 5.0/3-706, 625 ILCS 5.0/11-601-B, 625 ILCS 5.0/11		DNA <input type="checkbox"/>		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>												
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE									
			DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION MEMBER RESPONDED BY GRABBING SUBJECT BY THE SHOULDER AND BACK OF NECK TO CONTROL SUBJECT.																	
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR							
	45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL No. (Include Letters) [REDACTED]		51. CHICAGO GUN REG NO. [REDACTED]		52. IL FIREARM OWNER ID NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]			
WEAPON DISCHARGE INCIDENT	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]	
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]									
CASE INFO.	70. EVENT NO. [REDACTED]		71. R.D. NO. [REDACTED]		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
	73. REPORTING MEMBER (Print Name) BURKS JR, MAURICE		STAR/EMPLOYEE NO. 4339		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) KINZIE, SCOTT J		STAR NO. 1568		SIGNATURE [REDACTED]		DATE REVIEWED 03-SEP-2011 05:56:31		TIME 03-SEP-2011 05:56:31					
SIGNATURES	75. REVIEWING SUPERVISOR (Print Name) KINZIE, SCOTT J		STAR NO. 1568		SIGNATURE [REDACTED]		DATE REVIEWED 03-SEP-2011 05:56:31		TIME 03-SEP-2011 05:56:31											
	76. REVIEWING SUPERVISOR (Print Name) KINZIE, SCOTT J		STAR NO. 1568		SIGNATURE [REDACTED]		DATE REVIEWED 03-SEP-2011 05:56:31		TIME 03-SEP-2011 05:56:31											

LOG # 10-18231

Attachment # 9

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

The subject was advised of her rights which she indicated that she understood. Subsequently, the arrestee admitted that she had been drinking at her sister's wedding and driving over the speed limit because she wanted to get home and needed to use the bathroom. Subsequently, she admitted that she was "angry and irate" and uncooperative and may have impulsively swung her arm at the officer after leaving the processing room bathroom. Finally, the arrestee expressed regret and apologized for her actions.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the existing evidence, it is my opinion that the officer's actions were necessary and in accordance with Department policy and guidelines.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GUERRERO, RICHARD J

SIGNATURE

DATE COMPLETED

TIME

03-SEP-2011 07:09:14

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR# THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) BURKS JR, MAURICE		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 4339	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 1718 S STATE ST	
DATE OF APPOINTMENT [REDACTED] -1994	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT [REDACTED]	BEAT/CALL NO. [REDACTED]	LOCATION CODE 280-POLICE FACILITY/VEH PARKING	BEAT OF OCCURRENCE 0132
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DATE OF OCCURRENCE 03-SEP-2011	TIME 01:22:00
DOB [REDACTED] -1963		DAY OF WEEK SATURDAY	
HEIGHT 605	WEIGHT 210	NO. OF OFFICERS BATTERED 1	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____		WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO	
		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? _____	
WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOE ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER _____		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE BLACK HISPANIC DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> S. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND <input type="checkbox"/> C. SNOW	
		APPROXIMATE OUTDOOR TEMPERATURE: 76°F	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
BURKS JR, MAURICE

STAR NO.
4339

WATCH COMMANDER/UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
GUERRERO, RICHARD J 428

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD #: [REDACTED]
Case ID: [REDACTED] cas/201
EVENT #: [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0454 - Battery - Agg Po Hands No/Min Injury		
	Occurrence Location: 1718 S State St Chicago IL 60616 280 - Police Facility/Veh Parking Lot	Beat: 0132	Unit Assigned: 3220R RO Arrival Date: 03 September 2011 00:31
	Occurrence Date: 03 September 2011 01:22	# Offenders: 1	

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: BURKS, P.O. 1718 S State St Chicago, Illinois 60616		
	Beat: 0132		
	Sobriety: Sober CPD Officer: Yes		

SUSPECT(S)	Suspect # 1		In Custody
	Name: [REDACTED]	Demographics	
	Res: [REDACTED] Beat: [REDACTED]	Female White Hispanic 5'06, 140 lbs , Brown Eyes Brown Hair Long Hair Style Fair Complexion	
	DOB: [REDACTED] Age: [REDACTED] Birth Place: [REDACTED] DLN: [REDACTED] Suspected of Using: Alcohol		

RELATIONSHIP	BURKS, P.O.	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]				

NARRATIVES	OFFENDER WAS STOPPED FOR A SPEEDING VIOLATION, ARRESTED FOR DUI, AND TRANSPORTED TO 001 FOR PROCESSING. WHEN VICTIM ATTEMPTED TO HANDCUFF OFFENDER TO A PROCESSING ROOM WALL, THE OFFENDER STRUCK THE VICTIM TO THE HEAD WITH HER HAND. VICTIM WAS ABLE TO RESTRAIN OFFENDER USING VERBAL COMMANDS AND CONTROL HOLDS AND RESUME PROCESSING.
	NOTIFICATION: VIOLENT CRIMES SGT STUART Beat#: [REDACTED] Star#: 2144 Emp#: Date: 03-SEP-2011 Time: 0443 NOT

RD #: [REDACTED]

Chicago Police Department - Incident Report

RD #: [REDACTED]

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	1568	[REDACTED]	KINZIE, Scott, J	[REDACTED]	03 Sep 2011 04:50	[REDACTED]	[REDACTED]

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
[REDACTED]	0454	Battery - Agg Po Hands No/Min Injury	[REDACTED]

INDEPENDENT POLICE REVIEW AUTHORITY

08 SEP 11
Log #1048231

TO: Commanding Officer
Traffic Court Records Division

FROM: Inv. Richard Delaney, #128

SUBJECT: Request for DUI Packet

The Reporting Investigator respectfully requests any and all documents relative to the DUI Packet for the following:

NAME:

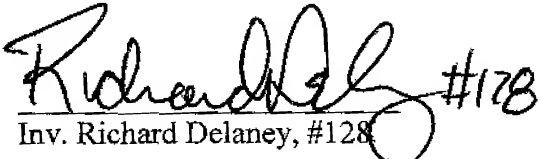
CB:

D.O.B:


ARREST DATE: 03 SEP 11 – 0042 hours

DISTRICT: 021 (Beat 2132)

Please send all documents via police mail to Inv. Richard Delaney, #128,
Independent Police Review Authority.

 #128
Inv. Richard Delaney, #128

Approved:

 #15
Supervisor, IPRA

LOG # 1048231
Attachment # 13

E.T. Photographs
of.



LOG # 1048231

Attachment # 14







P. DOYLE 7554 477

PHOTOGRAPHER'S NAME STAR NO. UNIT

03 SEP 11 1830

DATE & TIME PHOTOS TAKEN

CR INVESTIGATION

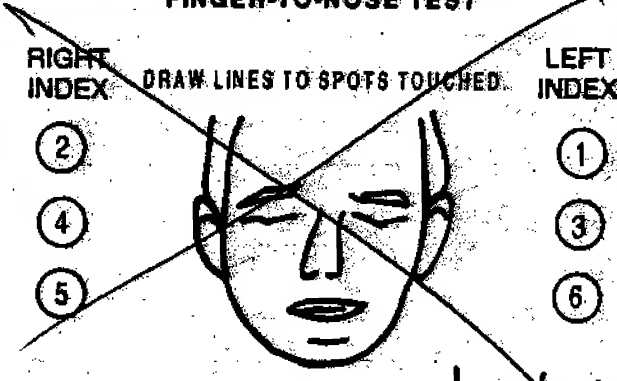
OFFENSE/INCIDENT

LOG # 1048231



W/ua - 223317

Video

Alcohol/Drug Influence Report CHICAGO POLICE DEPARTMENT		CITATION NUMBER		COURT ROOM	KEY	DATE	TIME
				408	U	05 OCT 11	1300
NAME (LAST, FIRST, MIDDLE)				DRIVER'S LICENSE NUMBER		STATE	
						IL	
ARRESTEE	SEX	RACE	DATE OF BIRTH	LOCATION OF INCIDENT		DATE/TIME OF INCIDENT	
						03 SEP 11 0031 hrs	
OBSERVATIONS	YEAR	MAKE	COLOR		LICENSE NUMBER		NUMBER OF OCCUPANTS
	10						4
STANDARDIZED FIELD SOBRIETY TESTS	CRASH	DID YOU SEE DEFENDANT DRIVING?		IF PARKED, WAS DEFENDANT BEHIND THE WHEEL?		WAS MOTOR RUNNING?	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	WAS KEY IN THE IGNITION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
	VEH. DISPOSITION <u>Towed</u>						
	DESCRIBE CLOTHING (TYPE & COLOR) <u>Gray dress, BK flip-flops</u>						
	ODOR OF ALCOHOLIC BEVERAGE: <input checked="" type="checkbox"/> STRONG <input type="checkbox"/> MODERATE <input type="checkbox"/> SLIGHT <input type="checkbox"/> OTHER - DESCRIBE						
	<input type="checkbox"/> EXCITED <input type="checkbox"/> COOPERATIVE <input checked="" type="checkbox"/> TALKATIVE <input checked="" type="checkbox"/> DOCKY <input type="checkbox"/> SLEEPY						
	<input type="checkbox"/> COMBATIVE <input type="checkbox"/> INDIFFERENT <input checked="" type="checkbox"/> INSULTING <input checked="" type="checkbox"/> USES PROFANITY						
	<input type="checkbox"/> BLURRED <input type="checkbox"/> STUTTERED <input type="checkbox"/> CONFUSED <input type="checkbox"/> ACCENT YES <input type="checkbox"/> NO						
	<input type="checkbox"/> MUMBLED <input type="checkbox"/> THICK TONGUED <input type="checkbox"/> HICCUPING/COUGHING <input type="checkbox"/> BELCHING <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING						
SIGN OF COMPLAINT OF ILLNESS OR INJURY: <u>Subject stated that she does not have any illness or injuries.</u>							
DESCRIBE LOCATION AND SURFACE WHERE FIELD SOBRIETY TESTS WERE GIVEN: <u>Asphalt street at [redacted] Exit Ramp</u>							
NOTE: HORIZONTAL GAZE NYSTAGMUS TEST CAN BE ADMINISTERED ONLY BY TRAINED OFFICERS.							
HORIZONTAL GAZE NYSTAGMUS TEST				ONE LEG STAND TEST			
RIGHT <u>X</u> <u>X</u> <u>X</u> LACK OF SMOOTH PURSUIT DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION ONSET PRIOR TO 45 DEGREES (SOME WHITE SHOWING) LEFT <u>X</u> <u>X</u> <u>X</u> VERTICAL NYSTAGMUS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> TEST REFUSED				<u>X</u> <u>X</u> <u>X</u> <u>3</u> <u>X</u> SWAYS WHILE BALANCING USES ARMS TO BALANCE (RAISES ARMS MORE THAN 6 INCHES) HOPPING PUTS FOOT DOWN CANNOT DO TEST (i.e. PUTS FOOT DOWN 3 OR MORE TIMES) <input type="checkbox"/> TEST REFUSED			
WALK AND TURN TEST				FINGER-TO-NOSE TEST			
<u>X</u> CAN'T KEEP BALANCE WHILE LISTENING TO INSTRUCTIONS STARTS BEFORE INSTRUCTIONS ARE FINISHED STOPS WALKING TO STEADY SELF DOES NOT TOUCH HEEL-TO-TOE (MORE THAN 1/2 INCH BETWEEN) LOSES BALANCE WHILE WALKING (STEPS OFF THE LINE) USES ARMS FOR BALANCE (RAISES ARMS MORE THAN SIX INCHES) LOSES BALANCE WHILE TURNING, TURNS INCORRECTLY INCORRECT NUMBER OF STEPS CANNOT DO TEST (i.e. STEPS OFF LINE 3 OR MORE TIMES, FALLS) <u>Just walked</u> <input type="checkbox"/> TEST REFUSED				RIGHT INDEX LEFT INDEX DRAW LINES TO SPOTS TOUCHED  <input type="checkbox"/> OPENED EYES <u>Log 1048231</u> <input type="checkbox"/> TEST REFUSED <u>ATT #15</u>			

Subject Test Record

Model Name:
Intox EC/IR
Serial Number: 04083
CHICAGO PD 1ST DIST
Test Rec. #: 1
110903190
Test Date: 09/03/11
Time: 02:00

ACCURACY CHECK

Test Date: 09/01/11
Test Rec. #: 1
110901189
Dry Gas Std:
.081 g/210L
Mfg Lot No: 0641008211
Tank Expiry Date:
04/01/12
BLK .000 07:00
STD .079 07:02
BLK .000 07:02
STD .079 07:04

ACCURACY CHECK PASSED


Operator Name:
BURKS
Operator ID:
4339
Subject Name:
ESCOBAR-W ELIZABETH
Subj DOB: 01/10/82
Subject Sex: Female
License No:
IL-E21622082610
Arresting Officer:
BURKS

Arrest Officer ID:
4339
ARRESTING DEPT.:
CPD
COUNTY NAME:
COOK
CITATION NO.:
TW212917

System Check Passed
TEST g/210L Time
BLK .000 02:02
SUBJ .*** 02:03

Test Date: 09/03/11

TEST REFUSED

Operator Signature:


CHICAGO POLICE DEPARTMENT BREATH ANALYSIS LOG

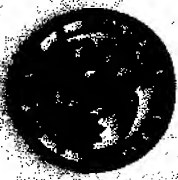
DISTRICT # 001

INSTRUMENT Intox 6/1x

SERIAL NUMBER

INSPECTOR

DATE	TIME	INSTRUMENT TESTED	RESULT	BLOOD	ZERO	TESTING OPERATOR	ARRESTING OFFICER	COURT DATE
25 JUL 11								
25 JUL 11	0643		.216			P.O. Ray W. 11553	P.O. Ray W. 11553	30 JUL
25 JUL 11	0643		0.000			M. Sullivan - POB	MICHIGAN STATE UNIVERSITY	
25 JUL 11	0652		0.000			P.O. R. G. 11553	" "	01/16
25 JUL 11	0151		0.000			T.P.A. W. 11553	5731	05/24
25 JUL 11	0334		0.000			M.E. G. LINDA	6036	01/16
25 JUL 11	0356		0.153			M.E. J. JOHNSON	6212	09/11
25 JUL 11	0235		0.178			M.E. A. KOZMIE - SHERIFF	#6216	09/16
25 JUL 11	0036		.291			P.O. A. M. 11553	3201	11/16
25 JUL 11	0244		Refused			P.O. ELLIOT M. 11553	1916	23 SEP
25 JUL 11	0700		0.000			C. P. H. 11553	STATE UNIVERSITY	
25 JUL 11	0100		0.162			M. L. 11553	6194	10/11
25 JUL 11	0110		0.000			N. E. 11553	11553	
25 JUL 11	0537		0.000			P.O. R. G. 11553	-	09
25 JUL 11	0537		0.000			T.P.A. G. LINDA	6070	01/16
25 JUL 11	0146		0.000			L. T. 11553	N. 11	N/A
25 JUL 11	0101		0.122			T.P.A. D. 11553	" "	10/14
25 JUL 11	0203		Refused			P. 11553	4339	05/01
25 JUL 11	0220		0.000			P. 11553	1352	01/16
25 JUL 11	0137		0.175			P.O. R. W. 11553	11553	10/11



State of Illinois
Department of State Police
LICENSE, PERMIT, CERTIFICATION, REGISTRATION



The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.
Issued under the authority of the State of Illinois Department of State Police

I.D. NUMBER	CATEGORY	ISSUED	EXPIRES
[REDACTED]	BAD	4/13/2010	4/13/2013

MAURICE . BURKS JR

CHICAGO POLICE DEPT 245

1300 W JACKSON BOULEVARD

CHICAGO IL 60607-

Printed by the Authority of the State of Illinois • ISP 8-39 (1/00)

LAW ENFORCEMENT SWORN REPORT

Circuit Court, CookCounty, 1stMunicipal District 77

Case Number _____

UNIFORM TRAFFIC CITATION NO. (11-501.2)

UNIFORM TRAFFIC CITATION NO. (OTHER)

Name _____

Last

First

Middle

State

IL☒ CDL

City and/or County of Arrest

Arrest Date

Sep03120203

Month

Day

Year

Time

Place of Arrest or Location of Traffic

Refusal or Test Date

Sep03110203

Month

Day

Year

Time

Notice of Summary Suspension Given On

Sep032011

Month

Day

Year

The suspension shall take effect on the 46th day following issuance of this notice of summary suspension. Subsequent to an arrest for violating Section 11-501 of the Illinois Vehicle Code, or similar provision of a local ordinance, you are hereby notified that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug(s), intoxicating compound(s), or any combination thereof, content of your breath, blood, or urine and warned of the consequences pursuant to Section 11-501.1 of the Illinois Vehicle Code. You have the right to a hearing to contest your suspension. You must file a petition to rescind your suspension within 90 days of this notice.

☒ Because you refused to submit to or failed to complete testing, your driver's license and/or privileges will be suspended for a minimum of 12 months.*

☐ Because you submitted to testing conducted pursuant to Section 11-501.2, which disclosed:

- ☐ an alcohol concentration of _____, which is .08 or more; or
- ☐ any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act;

your driving privileges will be suspended for a minimum of 6 months.*

*NOTE: If it is determined that you are not a "first offender," as defined in Section 11-500 of the Illinois Vehicle Code, and:

- You refused to submit to or failed to complete all requested chemical tests, the period of suspension will be a minimum of 3 years; or
- You submitted to chemical testing that disclosed an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; the period of suspension will be a minimum of 1 year.

Driver's license surrendered?

☒ Yes☐ No; Reason _____

Driver's license valid at time of arrest?

☒ Yes (Sign receipt)☐ No (Void receipt)

I have complied with Section 11-501.1 of the Illinois Vehicle Code by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance. (Explain) above subject was stopped for speeding and was

a stop, and at a Alcohol's Portage on her 5th at 2nd St. She

was in a dazed speech subject failed all STST.

Pursuant to Section 11-501.1 of the Illinois Vehicle Code I have:

☒ Served immediate Notice of Summary Suspension of driving privileges on the above-named person.

☐ Given Notice of Summary Suspension of driving privileges to the above-named person by depositing in the U.S. mail said notice addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer

ID Number

Law Enforcement Agency

Date

Month

Day

Year

223317

WARNING TO MOTORIST

Case Number _____

DUI TRAFFIC CITATION NO. (IL-501.5)

DUI TRAFFIC CITATION NO. (OTHER) _____

Subsequent to an arrest for driving while under the influence of alcohol, other drug(s) or intoxicating compound(s), or any combination thereof (DUI), you are hereby notified that:

As provided in Section 11-500 of the Illinois Vehicle Code, you are a first offender unless within the last 5 years of this arrest for DUI you have had:

- A previous conviction or court-ordered supervision for DUI or a similar provision of a local ordinance; or
- A conviction in any other state for DUI or a similar offense where the cause of action is the same or substantially similar to the Illinois Vehicle Code; or
- Pursuant to a DUI arrest, an Illinois driver's license suspension for refusing to submit to or failing to complete all requested chemical tests, or for submitting to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, except in cases where you submitted to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, and were subsequently found not guilty of the associated DUI charge.

Considering the above, you are warned:

1. If you refuse or fail to complete all chemical tests requested and:
 - If you are a first offender, your driving privileges will be suspended for a minimum of 12 months; or
 - If you are not a first offender, your driving privileges will be suspended for a minimum of 3 years.
2. If you submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; and:
 - If you are a first offender, your driving privileges will be suspended for a minimum of 6 months; or
 - If you are not a first offender, your driving privileges will be suspended for a minimum of 1 year.

You are further warned that if you are a Commercial Driver's License (CDL) holder, your CDL privileges will be disqualified for the following time period if you refuse to submit to or fail to complete all chemical tests requested, or submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act:

- If you are a first offender, your CDL privileges will be disqualified for 12 months; or
- If you are not a first offender, your CDL privileges will be disqualified for life.

MOTORIST UNDER AGE 21

You are further warned that as a motorist under age 21, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00 and less than .08, your driving privileges will be suspended as provided in Sections 6-208.2 and 11-501.8 of the Illinois Vehicle Code.

As provided in Section 6-208.2, you are a first offender unless you have had a previous suspension under Section 11-501.8 for refusing or failing to complete a chemical test(s) or for submitting to a chemical test(s) disclosing an alcohol concentration of more than .00.

- If you are a first offender, your driving privileges will be suspended for a minimum of 3 months; or
- If you are not a first offender, your driving privileges will be suspended for a minimum of 1 year.

SCHOOL BUS DRIVER

You are further warned that as a school bus driver operating a school bus in accordance with Section 6-106.1a of the Illinois Vehicle Code, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00, your privilege to possess a school bus driver permit will be cancelled for 3 years as provided under Sections 6-106.1a and _____.

Warning Issued To _____

Name of Motorist _____

Driver's License Number _____

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer _____

ID Number _____

Law Enforcement Agency _____

Date of Warning _____

Time of Warning _____

POLICE OFFICER - RETAIN

MAR 2009 - DSD DC 352

INDEPENDENT POLICE REVIEW AUTHORITY

08 NOV 11
Log #1048231

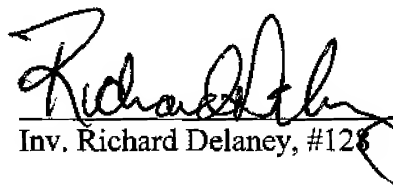
To: Ilana Rosenzweig
Chief Administrator – IPRA

From: Investigator Richard Delaney, #128


Subject: Information

On 08 NOV 11, at 1035 hours, the R/I spoke with [REDACTED] the attorney the complainant, [REDACTED] identified as the individual representing her relative to the criminal charges that resulted from this incident. Upon speaking with Atty. [REDACTED] he confirmed that, upon his advice, [REDACTED] would not be providing a statement to this office relative to the allegations until the conclusion of her criminal trial. Upon inquiry, Atty. [REDACTED] stated that he did not have a date when he expected the criminal trial to begin or end.

The R/I subsequently advised Atty. [REDACTED] that [REDACTED] complaint would be closed if she did not provide a statement and sign an affidavit. Atty. [REDACTED] indicated that he understood this requirement and that this investigation would not be put in suspense until the end of the criminal trial.

 #128
Inv. Richard Delaney, #128

APPROVED:


Supervisor, IPRA

LOG # 1048231

Attachment # 16



City of Chicago
Rahm Emanuel, Mayor

Independent Police Review Authority

Ilana B. R. Rosenzweig
Chief Administrator

10 West 35th Street
Suite 1200
Chicago, Illinois 60616
(312) 745-3594 (Complaint line)
(312) 745-3609 (General)
(312) 745-3591 (FAX)
(312) 745-3593 (TTY)

www.iprachicago.org

November 8, 2011
Log #1048231

VIA Certified Mail

Dear Attorney [REDACTED]

This letter is to confirm that on November 8, 2011, I spoke to you via telephone regarding a complainant filed with this office relative to an incident involving your client, [REDACTED]. I stated that I spoke with [REDACTED] regarding her complaint, and informed her that in order to continue the investigation into her allegations, she would need to provide a statement and sign a sworn affidavit. I also indicated that I advised [REDACTED] that this investigation would not be held open until the conclusion of her criminal trial.

Attached to this correspondence is a copy of the letter I have sent to [REDACTED] advising her that the investigation into her allegations will be terminated without her cooperation.

Should you or [REDACTED] need to contact me, I can be reached at (312) 745-3594, ext. 1105, between the hours of 9:00 a.m. and 5:00 p.m. If I am not available, please leave me a message on my voicemail and include your name and a telephone number where you may be reached. I will return your call as soon as I receive the message.

Sincerely,

Richard Delaney #128
Investigator Richard Delaney, #128
Independent Police Review Authority



LOG # 1048231
Attachment # 19



Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

Certified Mail may **ONLY** be combined with First-Class Mail® or Priority Mail®. Certified Mail is **not** available for any class of international mail.

NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider insured or Registered Mail.

For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.

For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

Form 3800, August 2008 (Reverse) PSN 7530-02-000-8047

Independent Police Review Authority
10 West 35th Street - 12th Floor
Chicago, Illinois 60616

DELIVERY 1048231



City of Chicago





City of Chicago
Rahm Emanuel, Mayor

Independent Police Review Authority

Ilana B. R. Rosenzweig
Chief Administrator

10 West 35th Street
Suite 1200
Chicago, Illinois 60616
(312) 745-3594 (Complaint line)
(312) 745-3609 (General)
(312) 745-3591 (FAX)
(312) 745-3593 (TTY)

www.iprachicago.org

November 25, 2011



The Independent Police Review Authority is requesting your cooperation to secure a copy of the medical records of the patient named below concerning medical treatment received at your facility.

Name:
Address:
Date of Birth:
SSN (if known):
Date of Treatment:




A copy of the Consent by Patient to Disclose Information Release Form is attached. Please mail any and all medical documentation to:

Independent Police Review Authority
Attention: Investigator Richard Delaney, #128
10 West 35th Street, 12th Floor
Chicago Illinois, 60616

If you have any questions or require further information, please contact me at (312) 745-3594, ext. 1105. If you are not able to locate any information on the above listed patient, please contact me by telephone and/or by mail. Thank you in advance for your assistance.

Respectfully,


Investigator Richard Delaney, #128



LOG # 1048231

Attachment # 20



**LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION
CITY OF CHICAGO - INDEPENDENT POLICE REVIEW AUTHORITY**

TO: _____

(Name of institution, individual or department)

DATE: 11/25/11

RE: Log 1048231 - _____

(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. §1320(d) *et seq.* (2002). See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: _____

Birth Date: _____

Address: _____

Social Security Number: UNKNOWN

Date of Treatment: _____

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.

Richard Delaney
(Signature of Requestor)

Richard DELANEY
(Name of Requestor) (Please Print)

312-745-3594
(Telephone Number of Requestor)

LOG # 1048231

Attachment # _____

CERTIFIED MAIL



Independent Police Review Authority
10 West 35th Street - 12th Floor
Chicago, Illinois 60616

DELANEY 11048231

City of Chicago

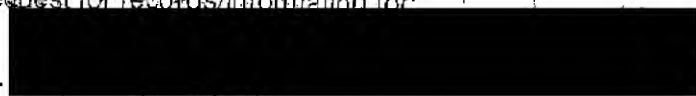


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Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2005	



Your request for records/information for:

Name:



Date of Birth:

SS#:

Date:

12-1-11

A diligent search has been made for the following requested information concerning the above patient: Dates requested: _____

Your request cannot be processed because:

____ According to our Master Patient Index, the patient that you have requested information on has no dates of service at our facility. If you can send us additional information to identify the patient you have requested, we will gladly re-check our files.

____ After a diligent search of our files, we have been unable to locate records/information pertaining to the dates (admission or discharge) that you have requested.

____ According to our Master Patient Index, the patient does have confinement dates at our facility. However, the dates of confinement that you have requested do not appear in our Master Patient Index.

☒ A signed/completed patient authorization or release of information is required.

____ We have been unable to locate records pertaining to this date of service/admission. If you still need these records, please re-request them.

____ The attached subpoena submitted does not contain all required data, i.e., authorization, court order, HIPAA compliant statement, signature and/or seal of the official empowered to issue subpoena, etc.

____ Other _____

For patient's seen prior to August 17, 1993, please contact us _____

Sincerely,

Health Information and Records

Revised 12/18/07

LOG # 1048231

Attachment # 22

INVESTIGATOR'S CASE LOG Independent Police Review Authority		LOG NO. 1048231	DATE OF INCIDENT 03 SEP 11	PAGE NO. 1
DATE	TIME	ACTIVITY		INVESTIGATOR
03 SEP 11	17:15	REGISTERED		WOLFE
03 SEP 11	17:30	PULLED REPORTS		WOLFE
03 SEP 11	17:40	INV. DELANEY RESPONDED TO [REDACTED]		WOLFE
03 SEP 11	17:47	INV CHICO ORDERED AN EVIDENCE TECHNICIAN TO [REDACTED]		WOLFE
08 Sep 11	1205	Att to Contact @ via telephone- left		
		mess to Contact R/L		RO
		Received telephone call from @:- In		
	1215	L.A. Possibly to set appointment		
	↓	Returned call to @ Left mess		RO
		Facesheet		1
		Conflict Cert EC		2
		Conflict Cert RO		3
		Initiation Rept		4
		I PRA Notice/Refusal to speak w/R.I.		5
		T/F information		6
		A/R of [REDACTED]		7
		C.B. Photos of [REDACTED]		8
		TRR of M. Burks		9

LOG NO. 1048231

ATTACHMENT NO. 23

INVESTIGATOR'S CASE LOG Independent Police Review Authority		LOG NO. 1048231	DATE OF INCIDENT 9/3/11	PAGE NO. 2
DATE	TIME	ACTIVITY	INVESTIGATOR	
8 Sep 11	1715	OB R- Burks	10	
		Auto Case Rept	11	
		E.T. Photo request	12	
		DUI Package request	13	RD
9/19/11	1150	E.T. Photographs of [REDACTED]	14	
11/1/11	1330	DUI Package	15	RD
11/1/11	1335	ATT to contact @ Left mess on v/m.		RD
11/8/11	1030	spoke w/ comp. [REDACTED] will not give a		
		stmt until crim. trial is over		RD
		TIF Info:	16	RD
		Cert mail to comp.	17	
11/8/11		TIF: info	18	
		Cert mail to c's ATty	19	
11/25/11	1325	Request for meds	20	
		Returned green card / cert mail from		
		ATty [REDACTED]	21	RD
1/9/12	1300	Returned Med Request - Denied	22	RD
		Inv. Log - closed NON-Coop.	23	

LOG NO. 1048231

ATTACHMENT NO. 23